



County of San Bernardino

**F A S**

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

**DO NOT ENCUMBER**

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code <b>RIMFAM148</b>	SC	Dept. <b>A</b>	Contract Number <b>02-1213 A-1</b>
County Department <b>Probation Department</b>		Dept. <b>PRB</b>	Orgn.	Contractor's License No.
County Department Contract Representative <b>Holly Benton</b>		Telephone <b>(909) 387-5918</b>		Total Contract Amount <b>Not to Exceed \$10,000</b>
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:				
If not encumbered or revenue contract type, provide reason: <u>Fee for Service Contract</u>				
Commodity Code		Contract Start Date <b>11/19/02</b>	Contract End Date <b>06/30/04</b>	Original Amount <b>Not to Exceed \$10,000</b>
Fund <b>AAA</b>	Dept. <b>PRG</b>	Organization <b>1913</b>	Appr. <b>200</b>	Obj/Rev Source <b>2445</b>
GRC/PROJ/JOB No. <b>40000DRC</b>		Amount <b>Not to Exceed \$10,000</b>		
Fund	Dept.	Organization	Appr.	Obj/Rev Source
GRC/PROJ/JOB No.		Amount		
Fund	Dept.	Organization	Appr.	Obj/Rev Source
GRC/PROJ/JOB No.		Amount		
Project Name <u>Counseling Services</u>		Estimated Payment Total by Fiscal Year		
		FY	Amount	I/D
<b>Contract type - 1</b>				

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino probation Department, hereinafter called the County, and

Name

Rim Family Services

hereinafter called Contractor

Address

P.O. Box 578

Sky Forest, CA 92385

Phone

Birth Date

(909) 336-1800

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 1**

It is hereby agreed to amend contract # 02-1213, as follows:

**Section V. Fiscal Provisions**

Amend the last sentence of Section V, Paragraph D, page 10 of 14, to read as follows:

Invoices are to be mailed to:  
San Bernardino County Probation Department  
175 West Fifth Street  
San Bernardino, CA 92415  
*ATTN: Holly Benton, AB 1913 Coordinator*

**Section VIII. Term**

Amend Section VIII, page 12 of 14, to read as follows:

This contract is effective as of November 19, 2002 and is extended from its original expiration date of June 30, 2003, to expire on June 30, 2004 but may be terminated earlier in accordance with provisions of Section IX of the Contract. This Contract may be extended for one additional 12 month period if funding is available and subject to approval of an amendment to this contract by both the County and the Contractor.

**Section X. General Provisions**

Amend Section X, Paragraph A, page 12 of 14 to read as follows:

When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: Rim Family Services  
P.O. Box 578  
Sky Forest, CA 92385

County: County of San Bernardino Probation Department  
175 West Fifth Street  
San Bernardino, CA 92415  
*ATTN: Holly Benton, AB 1913 Coordinator*

County (***Insurance Information Only***):  
County of San Bernardino  
c/o Insurance Data Services  
P. O. Box 12010-CB  
Hemet, CA 92546-8010

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDINO

►  
Dennis Hansberger, Chairman, Board of Supervisors

Dated \_\_\_\_\_

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors  
of the County of San Bernardino.

By \_\_\_\_\_  
Deputy

Rim Family Services

(Print or type name of corporation, company, contractor, etc.)

By ►  
(Authorized signature - sign in blue ink)

Name Elizabeth Diamond  
(Print or type name of person signing contract)

Title Program Director  
(Print or Type)

Dated \_\_\_\_\_

Address P.O. Box 578  
Sky Forest, CA 92385

Approved as to Legal Form

►  
Dawn Stafford, Deputy County Counsel

Date \_\_\_\_\_

Reviewed by Contract Compliance

►  
Lori Ciabattini, HSS Contracts Unit

Date \_\_\_\_\_

Presented to BOS for Signature

►  
Raymond B. Wingerd, Chief Probation Officer

Date \_\_\_\_\_

**Auditor/Controller-Recorder Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By